DOCUMENT RESUME

ED 240 458 CG 017 288

AUTHOR Margolies, Robert; And Others
TITLE Medical Student Attitudes: The Development of Concepts of Professional Distance.
PUB DATE [Aug 83]
NOTE 6p.; Paper presented at the Annual Convention of the American Psychological Association (91st, Anaheim, CA, August 26-30, 1983).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Affective Behavior; *Affective Objectives; Behavior Standards; Diseases; Higher Education; *Humanistic Education; *Medical Education; *Medical Students; *Physician Patient Relationship; Stereotypes; *Student Attitudes

ABSTRACT

Medical school curricula are attempting to enhance positive attitudes toward a biopsychosocial model of illness and to correct prejudicial stereotypes toward various patient groups through affective education. To explore the evaluative attitudes of first and second year medical students in the areas of trends in predispositions toward different disease populations and patient characteristics, attitude change in the first year of medical school, and experience with certain disease categories, 323 New York University Medical School students provided demographic information, completed a Likert-type attitudinal scale measuring professional distance, and responded to a patient case description which was manipulated according to four variable: sex, age, prognosis, and diagnosis (cancer, heart disease, psychiatric disorder). An analysis of the results showed that students opted to maintain greater professional distance from males compared to females, poor prognosis compared to good prognosis patients, psychiatric patients compared to cancer patients, and cancer patients compared to heart disease patients. Student class year and previous experience with the disease significantly affected attitudes, with more experienced students showing more comfort and willingness to work with certain patients, particularly cancer patients. Since differential patient preferences were observed at the onset of medical school, early educational interventions may be needed to address the potential for negative attitudes. (BL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED240458

MEDICAL STUDENT ATTITUDES: THE DEVELOPMENT OF CONCEPTS OF PROFESSIONAL DISTANCE

Margolies, R., Wachtel, A.B., Sutherland, K. & Blum, R.
New York University Medical School

Differential attitudes towards medical patients varying in age, sex, prognosis, and diagnosis, were assessed in a sample of 323 first and second year medical students. Analyses of variance demonstrated students' preferences to maintain greater professional distance with psychiatric patients as compared to cancer patients, cancer patients as compared with heart disease patients, poor as compared with good prognosis patients, and male as compared with female patients. Significant effects of student class year and previous experience with disease were also found. Results are discussed in relation to the need for early curricular intervention to foster the development of positive professional attitudes towards all patient groups.

CG 017288

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert Margolies

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

MEDICAL STUDENT ATTITUDES: THE DEVELOPMENT OF CONCEPTS OF PROFESSIONAL DISTANCE

Recent studies have suggested that affective learning, as it relates to understanding the dynamics of doctor-patient communications, must take place before curriculum learning proceeds in medical education.[1] Toward this end, a majority of medical schools have implemented early curriculla designed to enhance positive attitudes toward a biopsychosocial model of illness, and to correct negative or prejudicial stereotypes toward various patient groups.[2,3] There is little empirical data, however, providing baseline comparisons of incoming students' affective predispositions toward different medical populations.

The present study was designed to explore evaluative attitudes related to four issues: 1) Are there systematic trends of attitudinal predisposition toward different disease populations? 2) Are attitudes modulated by patient characteristics such as age, sex, and prognosis? 3) Do attitudes and/or attitudinal interactions change over the first year of medical school? and 4) How are attitudes related to previous personal experience with certain disease categories?

Instruments

Special difficulties in the measurement of attitudes toward specific diagnostic groups have resulted due to a lack of consensus as to which attitudes are positive or appropriate from a medical viewpoint,[4] and from the related difficulty of separating attitudinal versus knowledged-based items in attitude questionairres.[5] In examining affective or evaluative attitudes, particularly of beginning medical students, it seems more appropriate to focus on attitudes which reflect a basic personal and professional orientation toward the patient , than than on attitudes more heavily weighted toward treatment issues.[6]

For the present experiment a dependent measure of "Professional Distance" was developed as an analogue to the social distance measures utilized in studies of social prejudice.[7,8] Professional distance was defined as "the degree to which a professional or professional in training desires to have an open, cooperative, and extended professional contact with a patient". A ten item, six-point likert scale was developed through screening of an initial pool of items by a panel of mulitidisciplinary staff, retaining those which all agreed could directionally

indicate more or less distance. Factor analysis of the items yielded four factors: 1) Desire to work with the patient 2) Perceived ease of patient management 3) Candor: diagnosis and prognosis and 4) Perceived self-efficacy. These factors were congruent with theoretical expectations and supported the usefulness of the scale as an experimental dependent measure. Demographic information was also obtained on student's sex, educational background, anticipated specialty choice, and previous disease experience.

Subjects and Design

Three hundred and twenty-three beginning first and second year medical students from the New York University School of Medicine participated in the study - representing over 99% of the full enrollment of these classes. The stimulus was a short patient description written so as to have face validity across many different types of patients that students might expect to encounter. Key words in the stimulus paragraph were altered based on experimental condition. Four patient variables were independently alternated: sex (male,female), age (28,65), prognosis (good, poor), and diagnosis (cancer, heart disease, psychiatric disorder). In all, twenty-four case descriptions were constructed, and distributed sequentially to first and second year students as they entered their respective first day classes (with proportianlity of cell distribution implemented across sexes) to account for a 2x2x2x2x3 level factorial design. Patient case descriptions, instructions, and attitude items (directionally balanced), were identical in all respects except for the variation of the four patient characteristic variables. Students were instructed to read the patient case description carefully and to respond to the questions presented based on their first impression of the patient.

Results and Discussion

A five-way factorial analysis of variance was performed on professional distance scores derived from summating responses on the ten items. Significant main effects were obtained for patient sex ($p=.01$), disease ($p=.001$), and prognosis ($p=.001$). Students opted to maintain greater professional distance with males ($\bar{x} = 30.4$) then females ($\bar{x} = 31.8$), poor prognosis ($\bar{x} = 29.7$) as opposed to good prognosis ($\bar{x} = 32.33$) patients, and psychiatric patients ($\bar{x} = 29.10$)

as compared to cancer patients ($\bar{x}$ = 31.15), as compared to heart disease patients ($\bar{x}$ = 32.72). Post-hoc comparisons showed significant differences on all diagnostic group comparisons ($p = .05$). A significant interaction was obtained between patient sex and disease ($p = .01$); the sex difference did not apply to the cancer patient. Classyear and patient age produced no significant main or interaction effects, nor were any three-way interactions obtained. In a separate analysis of student sex-differences, no significant main or interaction effects were obtained.

Analyses of variance were also performed on factor scores for factors 1 through 4 to clarify component contributions to overall effects.Students with previous experience with cancer were found to believe cancer patients more difficult to manage, but were more desirous of working with them than students with no such experience. Other data related to previous experience is currently being analyzed. Classyear differences were also found on component factors and were related to first year curriculum.

Specific results are discussed in the context of previous research. Particularly noteworthy were findings consistent with previous studies; disease, sex, and prognosis effects, and findings running contrary to the literature; the lack of respondent sex differences and differences related to patient age.

Overall, the measurement of professional distance was shown to be useful in delineating the evaluative attitudes of beginning medical students. Results confirmed the hypothesis that students come to medical school with predetermined attitudinal sets or expectations related to patient characteristics. Such differential attitudes are likely to effect the course of a student's education in a number of ways. Most important perhaps, in the early stages of training, attitudes may directly influence the interest, attention, and motivation with which students receive educational experiences. In a similar way, attitudes may effect the self-selection or avoidance of special activities (such as oncology or psychiatry electives) and reduce the likelihood of exposure to important role models. In addition, whereas the future professional behavior of medical students will ultimately be determined by a number of contributing factors, early attitudes are likely to mediate cognitions relevant to psychosocial treatment, perceptions of self-efficacy, beginning doctor-patient interactions, and the establishment of

behavioral patterns and habits. Since differential patient preferences were observed at the onset of medical school, early educational interventions may be needed to address the potentiation of negative attitudes[1].

1. Kahn, E., Lass, S. L., Hartley, R. & Kornreich, H.K. Affective learning in medical education. Journal of Medical Education, 1981, 56, 646-652.
2. Barnes, E., Desimone, P. & Fosson, S. Faculty and house staff attitudes toward cancer: Status and comparison. Journal of Medical Education, 1982, 57, 48-53.
3. Cancer Education Survey (Vols. 1-6); 1981. U.S. Department of Health and Human Services. Publication nos. 81:2255-2260.
4. Cohen, R. E., Ruckdeschel, J.C., Blanchard, C.G., Rohrbaugh, M. & Horton, J. Attitudes toward cnacer: 2: A comparative analysis of cnacer patients, medical students, medical residents, physicians, and cancer educators. Cancer, 1982, 50, 1218-1223.
5. Blanchard, C.G. Personal communication, April 26, 1982.
6. Haley, H.B., Juan, I.R., & Gagan, J. F. Factor-analytic approach to attitude scale construction. Journal of Medical Education, 1968, 43, 331-336.
7. Bogardus, E. M. Measuring social distance. Journal of Applied Sociology, 1925, 9, 299.
8. Albrecht, G.L., Walker, V.G., & Levy, J.A. Social distance from the stigmatized. A test of two theories. Social Science in Medicine, 1982, 16, 1319-1327.